Alaska New Hire Reporting Form

Employer Information

Submission Date (Year / Month / Date)	Contact Phone Number *	Contact Name *	Contact Title *

Employer Federal Identification Number (FEIN)	Employer AK Department of Labor Number *
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Employer Name	Employer - Doing Business As / Also Known As *

Employer Payroll Mailing Address	City	State	Zip Code

Employer Physical Address "Same" if same as mailing address	City	State	Zip Code

Employee Information

Employee Social Security Number	Employee First Name	M.I.	Employee Last Name

Employee Street Address	City	State	Zip Code

	Year	Month	Day			Year	Month	Day
Employee Date of Hire *					Employee Date of Birth *			

Employee Social Security Number	Employee First Name	M.I.	Employee Last Name

Employee Street Address	City	State	Zip Code

	Year	Month	Day			Year	Month	Day
Employee Date of Hire *					Employee Date of Birth *			

Employee Social Security Number	Employee First Name	M.I.	Employee Last Name

Employee Street Address	City	State	Zip Code

	Year	Month	Day			Year	Month	Day
Employee Date of Hire *					Employee Date of Birth *			

New Hire Reporting – continued

* Providing this optional data enhances our ability to perform services more efficiently.

CSSD 04-1050 (Rev 06/30/04)

Employer Name	Employer Federal Identification Number (FEIN)	Submission Date (Year / Month / Date)

Employee Social Security Number	Employee First Name	M.I.	Employee Last Name

Employee Street Address	City	State	Zip Code

	Year	Month	Day			Year	Month	Day
Employee Date of Hire *					Employee Date of Birth *			

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Employee Street Address	City	State	Zip Code

	Year	Month	Day			Year	Month	Day
Employee Date of Hire *					Employee Date of Birth *			

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